

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564641

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	3					
5	1					
6						
7	1					
8	1					
9						
10	1					
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21	1					
22	1					
23	3					
24	3					
25	1					
26						
27						
28	1					
29	1					
30	1					
31	1					
32	1					
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35	1					
36	1					
37	1					
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48						
49						
50						
TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	37	←	←	←	←	←
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						